2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# F99000001370

Entity Name: WILSHIRE CREDIT CORPORATION

Current Principal Place of Business:

14523 SW MILLIKAN WAY
SUITE 200
BEAVERTON, OR 97005

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8517
ATTN: PATTY WHITE
PORTLAND, OR 972078517

New Mailing Address:

FEI Number: 93-1261891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPCE	( ) Delete
Name:	MEMMOTT, JAY	
Address:	14523 SW MILLIKAN WAY, STE 200	
City-St-Zip:	BEAVERTON, OR 97005	
Title:	DS	( ) Delete
Name:	PETERMAN, MARK	
Address:	14523 SW MILLIKAN WAY, STE 200	
City-St-Zip:	BEAVERTON, OR 97005	
Title:	D	( ) Delete
Name:	NEWMAN, BRADLEY	
Address:	14523 SW MILLIKAN WAY, STE 200	
City-St-Zip:	BEAVERTON, OR 97005	
Title:	CFO	( ) Delete
Name:	CAMPBELL, RUSSELL	
Address:	14523 SW MILLIKAN WAY, STE 200	
City-St-Zip:	BEAVERTON, OR 97005	
Title:	SVP	( ) Delete
Name:	FRYE, KEN	
Address:	14523 SW MILLIKAN WAY, STE 200	
City-St-Zip:	BEAVERTON, OR 97005	
Title:	SVCT	( ) Delete
Name:	NORTHOVER, MICHAEL	
Address:	14523 SW MILLIKEN WAY STE 200	
City-St-Zip:	BEAVERTON, OR 97005	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MLD	(X) Change ( ) Addition
Name:	ROBINSON, LISA	
Address:	14523 SW MILLIKAN WAY, STE 200	
City-St-Zip:	BEAVERTON, OR 97005	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN FRYE SVP 03/11/2008

Electronic Signature of Signing Officer or Director — Date